

WIC Staff Guidance Document for Prenatal Diet Questionnaire Revised 10/2007

Diet Questionnaires are used to assess the dietary/feeding practices of WIC applicants to enable WIC Staff to assign applicable risk factors and determine appropriate referrals, counseling and food package tailoring needs. This document provides a review of the risk factors that can be assessed by each question on the Prenatal Diet Questionnaire. Refer to the Nutritional Risk Factor manual for the complete definition for each risk factor.

<i>Question</i>	<i>Staff Action</i>
1) Please check all of the following you have that work.	Assess ability to store and prepare food. Use information to assign a food package that meets the client's needs and target counseling on identified needs and concerns.
2) How many times do you eat each day?	Assess and assign " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate. Assess for signs of an eating disorder. Assign " <i>Eating Disorders</i> " as appropriate.
3) Are there any foods or beverages that you cannot or will not eat?	Assess and assign " <i>Diet Very Low in Calories and/or Essential Nutrients</i> " as appropriate. Assess for signs of an eating disorder. Assign " <i>Eating Disorders</i> " as appropriate.
4) Are there any foods of which you think you do not eat enough?	Provides an opportunity to learn what the client would like to change about their eating pattern. Behavior change is more likely to occur when information addresses specific needs and concerns.
5) What do you usually drink?	Assess for consumption of unpasteurized fruit juice. Assign " <i>Consuming Foods that Could be Contaminated</i> " as appropriate. Assess for consumption of herbal tea. Assign " <i>Intake of Dietary Supplements with Harmful Effects</i> " as appropriate. Assess alcohol consumption, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
6) How often do you drink milk?	Assess for adequacy of intake and target counseling on identified needs and concerns.
What type of milk do you usually drink?	Assess if she drinks unpasteurized milk or dairy products. Assign " <i>Consuming Foods that Could be Contaminated</i> " as appropriate. Use information for food package tailoring.
7) How many times do you eat fruits and vegetables during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.

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Which fruits and/or vegetables (not juice) do you usually eat?	Assess for adequacy of intake and target counseling on identified needs and concerns.
8) How many times do you eat protein foods during a normal day?	Assess for adequacy of intake and target counseling on identified needs and concerns.
9) Which protein foods do you usually eat?	Assess if she eats raw or undercooked meat, fish, poultry, eggs, or tofu. Assign “ <i>Consuming Foods that Could be Contaminated</i> ” as appropriate. Assess if she eats refrigerated smoked seafood, soft cheeses, deli meats, hot dogs, or other processed meats. Assign “ <i>Consuming Foods that Could be Contaminated</i> ” as appropriate.
10) Do you regularly eat anything that is not food, such as ashes, chalk, clay, dirt, large quantities of ice, or starch (laundry or cornstarch)?	Assess for compulsive consumption of any nonfood items. Assign “ <i>Pica</i> ” as appropriate.
11) Are you on a special diet?	Assess and assign “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate.
12) How much weight do you think you should gain with this pregnancy?	Assess and assign “ <i>Diet Very Low in Calories and/or Essential Nutrients</i> ” as appropriate. Assess for signs of an eating disorder. Assign “ <i>Eating Disorders</i> ” as appropriate.
13) Have you seen a doctor for this pregnancy?	Assess and assign “ <i>Inadequate Prenatal Care</i> ” as appropriate.
14) Are you expecting twins, triplets, etc?	Assess and assign “ <i>Multifetal Gestation</i> ” as appropriate.
15) Are you having any problems/complications with this pregnancy?	
Heartburn	Assess, counsel and refer as appropriate.
Nausea and vomiting	Assess and assign “ <i>Hyperemesis Gravidarum</i> ” as appropriate.
Gestational diabetes	Assess and assign “ <i>Gestational Diabetes</i> ” as appropriate.
High blood pressure	Assess and assign “ <i>Hypertension</i> ” or “ <i>Pregnancy Induced Hypertension</i> ” as appropriate.
Constipation	Assess, counsel and refer as appropriate.
Diarrhea	Assess, counsel and refer as appropriate.
Weight loss	Assess, counsel and refer as appropriate. Assess for signs of an eating disorder. Assign “ <i>Eating Disorders</i> ” as appropriate.

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16) Do you have any medical/health/dental problems?	<p>Assess for dental problems. Assign “<i>Dental Problems</i>” as appropriate.</p> <p>Assess for disabilities that interfere with the ability to eat. Assign “<i>Disabilities Interfering with the Ability to Eat</i>” as appropriate.</p> <p>Assess for medical conditions. Assign the corresponding risk factor as appropriate.</p>
Was this problem diagnosed by a doctor?	Used to confirm diagnosis of conditions for risk factor documentation.
17) Please check and describe all of the following you usually take.	
Over-the-counter drugs	Assess medications that interfere with nutrient intake or utilization. Assign “ <i>Drug Nutrient Interactions</i> ” as appropriate.
Prescription medication	<p>Assess medications that interfere with nutrient intake or utilization. Assign “<i>Drug Nutrient Interactions</i>” as appropriate.</p> <p>Assess for medical conditions. Assign the corresponding risk factor as appropriate.</p>
Vitamin and/or minerals	<p>Assess and assign “<i>Intake of Dietary Supplements with Harmful Effects</i>” as appropriate.</p> <p>Assess and assign “<i>Inadequate Vitamin/Mineral Supplementation</i>” as appropriate.</p>
Herbs/Herbal Supplements	Assess and assign “ <i>Intake of Dietary Supplements with Harmful Effects</i> ” as appropriate.
Tobacco	Assess, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
Street Drugs	Assess, compare with responses on the ATOD tab of the Health Interview window in KWIC. Provide referrals as appropriate.
18) Have you had a blood lead test?	Assess if woman has had a blood lead test within the past 12 months. Assign “ <i>Elevated Blood Lead Levels</i> ” as appropriate.
19) Not including this time, how many times have you been pregnant?	<p>Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC.</p> <p>Assess and compare with age at conception. Assign “<i>High Parity and Young Age</i>” as appropriate.</p>
<ul style="list-style-type: none"> ▪ When did your last pregnancy end? 	Assess, compare with response on the Health Interview tab of the Health Interview window in KWIC.
<ul style="list-style-type: none"> ▪ Are you currently breastfeeding a baby/child? 	Assess and assign “ <i>Pregnant Woman Currently Breastfeeding</i> ” as appropriate.

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<ul style="list-style-type: none"> ▪ Please check any of the following that were true with any of your previous pregnancies. 	
My baby was born more than 3 weeks early	Assess and assign “ <i>History of a Preterm Delivery</i> ” as appropriate.
My baby was born weighing less than 5 pounds 9 ounces	Assess and assign “ <i>History of Low Birth Weight</i> ” as appropriate.
My baby was born weighing 9 pounds or more	Assess and assign “ <i>History of Birth of a Large for Gestational Age Infant</i> ” as appropriate.
My baby was born with a birth defect	Assess and assign “ <i>History of Birth with Nutrition Related Birth Defect</i> ” as appropriate.
My doctor told me I had gestational diabetes	Assess and assign “ <i>History of Gestational Diabetes</i> ” as appropriate.